FORM D

901274

<u>u.s.</u> securities and exchange commission Washington, D. C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Prefi		4041482	
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	DATE RE	CEIVED	
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iling Under (Check box(es) that apply:  Yes of Filing:  X New Filing  Rule 504  Rule 505  X  Amendment	Rule 506 Section 4(6) ULOE			
A. BASIC IDENTIFICAT	TION DATA			
Enter the information requested about the issuer		<u>.</u>		
lame of Issuer ( check if this is an amendment and name has changed, and indi	icate change.) Hanover Direct, Inc.	g4.		
ddress of Executives Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	<del></del>		
15 River Road, Building 10, Edgewater, New Jersey 07020	(201) 863-7300			
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices)	Telephone Number (Including Area Code)			
	1			
rief Description of Business:				
Provides quality, branded merchandise through a portfolio of caronsumers, as well as a comprehensive range of Internet, e-compressions Organization	•			
Provides quality, branded merchandise through a portfolio of caronsumers, as well as a comprehensive range of Internet, e-com-	merce, and fulfillment services to busines	SEC		
Provides quality, branded merchandise through a portfolio of caronsumers, as well as a comprehensive range of Internet, e-compressions Organization	PROCES  other (please specify)  services to busines  PROCES  SEP 012	SEC 2004		
Provides quality, branded merchandise through a portfolio of caronsumers, as well as a comprehensive range of Internet, e-compage of Business Organization    X	merce, and fulfillment services to busines	SEC 2004.		

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in

Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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copy or bear typed or printed signatures.

Filing Fees: There is no federal filing fee.

A. BASIC IDENTIFICATION DATA								
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the issuer.</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>								
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Chelsey Direct, LLC								
Business of Residence Address (Number and Street, City, State, Zip Code) 712 Fifth Avenue, 45 <sup>th</sup> Floor, New York, New York 10019								
Check Box(es) that Apply:   Promoter   X   Beneficial Owner   Executive Officer   Director   General and/or								
Managing Partner								
Full Name (Last name first, if individual)  Regan Partners, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
32 East 57 <sup>th</sup> Street, 20 <sup>th</sup> Floor, New York, New York 10022								
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or								
Full Name (Last name first, if individual)  Managing Partner								
Garten, Wayne P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Hanover Direct Inc., 115 River Road, Building 10, Edgewater, New Jersey 07020								
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or								
Full Name (Last name first, if individual)  Managing Partner								
Blue, Charles E.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Hanover Direct Inc., 115 River Road, Building 10, Edgewater, New Jersey 07020								
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or  Managing Partner								
Full Name (Last name first, if individual)								
Contino, Michael D.  Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Hanover Direct, Inc., 115 River Road, Building 10, Edgewater, New Jersey 07020								
Check Box(es) that Apply:   Promoter   Beneficial Owner   X   Executive Officer   Director   General and/or								
Managing Partner								
Full Name (Last name first, if individual)								
Kingsford, William C.  Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Hanover Direct, Inc., 115 River Road, Building 10, Edgewater, New Jersey 07020								
Check Box(es) that Apply:   Promoter   Beneficial Owner   X   Executive Officer   Director   General and/or								
Managing Partner								
Full Name (Last name first, if individual)								
Lipner, Steven  Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Hanover Direct, Inc., 115 River Road, Building 10, Edgewater, New Jersey 07020								
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   X   Director   General and/or								
Managing Partner								
Full Name (Last name first, if individual)								
Brown, A. David  Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Bridge Partners LLC, 45 Academy Street, Suite 507, Newark, New Jersey 07102								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or								
Managing Partner								

Full Name (Last name first, if individual) Feldman, Stuart									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Chelsey Capital, 712 Fifth Avenue, 45 <sup>th</sup> Floor, New York, New York 10019									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goodman, Paul S.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Chelsey Capital, 712 Fifth Avenue, 45 <sup>th</sup> Floor, New York, New York 10019									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner									
Full Name (Last name first, if individual)  Hecht, Donald									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Hecht & Company, 111 West 40 <sup>th</sup> Street, New York, New York 10018									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner									
Full Name (Last name first, if individual)  Masson, Robert H.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
20 West Way, Old Greenwich, Connecticut 06870									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner									
Full Name (Last name first, if individual) Wachtel, William B.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Chelsey Direct, LLC, 712 Fifth Avenue, 45 <sup>th</sup> Floor, New York, New York 10019									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING												
1. Has th	e issuer sold	, or does the					this offering	-				Yes No X
2. What is the minimum investment that will be accepted from any individual? N/A												
3. Does t	he offering p	ermit joint c	wnership of	a single unit	?							Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering, If a person to be listed in an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the names of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (Last name first, if individual) None.												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
			solicited or individual S		olicit Purchas	eers						All States
[AL] [IL] [MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
Full Nam	e (Last name	first, if indi	ividual)									
Business	or Residence	Address (N	lumber and S	Street, City, S	State, Zip Co	de)						ndarran da
Name of	Associated F	Broker or De	aler									
			solicited or individual St		olicit Purchas	ers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	(MS) [OR]	[MO] [PA]
[RI] Full Nam	[SC] e (Last name	[SD] first, if indi	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or Residence Address (Number and Street, City, State, Zip Code)												
240050		(0)		,,	, —. р	,						
Name of	Name of Associated Broker or Dealer											
	States in Which Person Listed has solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  All States											
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	(GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEE	DS	<del></del>
	he aggregate offering price of securities, included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the action is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already nged.		
	Type of Security	Aggregate	Amount
Already		Offering Price	Sold
	Debt	\$0	\$0
	Equity	\$0	\$0*
	X Common Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$0	\$0
2. Enter t	Answer also in Appendix, Column 3, if filing under ULOE.  the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases.		
	Ferings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the nes. Enter "0" if answer is "none" or "zero."		Aggregate
Amount		Number	Dollar
Purchases		Investors	of
	Accredited Investors	1	\$0
	Non-accredited Investors.	0	0
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
	filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types ted, in the twelve (12) months prior to the first sale of securities in this offering, classify securities by type in Part C - Question 1.		
	Type of Offering	Type of	Dollar
Amount		Security	Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504  Total	N/A N/A	N/A N/A
organi	nish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to zation expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish imate and check the box to the left of the estimate.		NA
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees (estimated)		\$0
	Accounting Fees (estimated)	<u></u>	\$0
		<u></u>	
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify) (Investment banker's fees and expenses; fairness opinion; reimbursement of expenses of investor)		\$0
	* 4,344,762 shares of Common Stock issued to Chelsey Finance, LLC ("Chelsey") as a waiver fee equal to 1% of the liquidation preference of the outstanding Series C Participating Preferred Stock of Hanover Direct, Inc. (the "Company"), payable in Common Stock (calculated based upon the fair market value of the Common Stock two business days prior to the closing date of the Term Loan, as defined below, equal to 4,244,762 shares), in consideration of the waiver by Chelsey of its blockage rights over the issuance of senior securities in connection with a \$20,000,000 term loan (the "Term Loan") made by Chelsey to the Company on July 8, 2004.		\$0

C. OFFERI	ng price, number of investors, ex	PENSES AND US	E OF PROCE	EDS	
<ul> <li>Enter the difference between the aggregate offer response to Part C - Question 4 a. This difference</li> </ul>		and total expense	s furnished in	(\$	0 )
5. Indicate below the amount of the adjusted gross pro	oceeds to the issuer used or proposed to be used for	or each of the purp	oses shown.		
If the amount for any purpose is not known, furnish listed must equal the adjusted gross proceeds to the			of the payments		
Salaries and fees		<u>s</u>	0	0	_
Purchase of real estate		\$	0 5	0	<del></del>
Purchase, rental or leasing and installation of machine	ry and equipment	5	0 5	0	
Construction or leasing of plant buildings and facilities	S	5	0 5	0	
Acquisition of other businesses (including the value of used in exchange for the assets or securities of another		<u>s</u>	0 8	0	<u> </u>
Repayment of indebtedness		s	<u>0 s</u>	0	
Working capital		2	0 s	0	
Other (specify)		<u>s</u>	0   5	0	
Column Totals		<u>    s</u>	<u> </u>	0	
Total Payments Listed (column totals added)		<u>s</u>	<u>o</u> s	0	_
	D. FEDERAL SIGNATUR	RE			
The issuer has duly caused this notice to be signed by the under to furnish to the U.S. Securities and Exchange Commission, up Rule 502.	ersigned duly authorized person. If this notice is filed un pon written request of its staff, the information furnished	der Rule 505, the fol by the issuer to any	lowing signature co non-accredited inv	naditules an undertrestor pursuant to pr	aking by the issue magraph (b)(2) of
Issuer (Print or Typo)	Signature		Dete		<del></del>
Hanover Direct, Inc.	Way AL		Augus	t <b>26</b> , 2004	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	:			<del></del>
Wayne P. Garten	President and Chief Executive O	fficer			

ATTENTION

Intentional misstatements or emissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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